

PTO/SB/21 (09-04)

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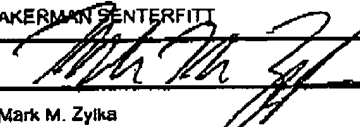
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/848,972	
	Filing Date	August 22, 2003	
	First Named Inventor	Steve Ropy	
	Art Unit	3726	
	Examiner Name	Jermie E. Cozart	
Total Number of Pages in This Submission	13	Attorney Docket Number	DKT03002US

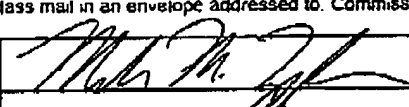
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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE Transmittal (2 copies) Duplicate copy of Petition for Extension of Time
Remarks Please charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 50-0951		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AKERMAN SENTERFITT		
Signature			
Printed name	Mark M. Zylka		
Date	March 22, 2006	Reg. No.	48,518

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Mark M. Zylka	Date	March 22, 2006

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PTO/SB/17 (12-04)

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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4618) FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10646,972 Filing Date August 22, 2003 First Named Inventor Steve Rody Examiner Name Jermie E. Cozart Art Unit 3720 Attorney Docket No. Dkt03002US	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1,810.00			

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METHOD OF PAYMENT (check all that apply)

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$): Fee Paid (\$): Multiple Dependent Claims Fee (\$): Fee Paid (\$):
 - 20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims Extra Claims Fee (\$): Fee Paid (\$):
 - 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other, RCE fee (\$790.00 + 3 mo. extension of time fee (\$1,020.00))	1,810.00

SUBMITTED BY		Registration No. 48,518	Telephone 561-653-5000
Signature		(Attorney/Agent)	
Name (Print/Type)	Mark M. Zyka	Date	March 22, 2006

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